- (8) Room & Board. This includes rent, depreciation, and utilities related to room and board, plus food, clothing, allowance, etc. Also included are wages, salaries and benefits associated with personnel whose primary activities are to support the room & board of the residents. These costs were then excluded from consideration in the reimbursement rate for Residential Treatment Centers and Group Homes.
- (9) General administration costs include non-room and board related depreciation and interest or rent supporting this service, plus salaries, wages and benefits for central office personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review personnel costs. These are set at 15% of total costs.
- (10) Consultation related costs include doctors, specialists and nurses who provide services to a residential program on a part-time "contract" or "consultative" basis. Consultation costs are a percentage of total costs which vary according to the setting and level of care provided to the client. Consultation service costs that are not billed directly to the provider, but rather to the State, are not included.

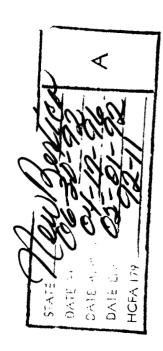
Payment for Treatment Foster Care and Behavioral Management services was derived from a model based on the resources required to meet the standards of the Department. This model was developed by the state in conjunction with a national consulting firm under Rate setting decisions contract to the Department. were made based upon the results of the consulting firm's reimbursement methodology study presented to the Department in May 1994. Rates do not duplicate costs reimbursed through foster care funds authorized by Title IVE of the Social Security Act. rate studies will be performed to determine appropriateness of reimbursement rates. The rate studies will be used to adjust provider rates, as found necessary, beginning in federal fiscal year 1997.

Treatment Foster Care. Provider cost information was analyzed in detail and total cost of service was separated into the following categories.

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- (1) Family Payment. Reimbursement is made to the TFC agency which employs the families. Parent(s) in the Treatment Family are required to have the experience and training which allows them to participate in the therapy and treatment of the child. The daily reimbursement rate falls within the range of a state level Psychological Technician II.
- (2) Room & Board. The amount allowed for this is based upon the rate Children, Youth and Families Department allows for its regular foster parents. These costs were then <u>excluded</u> from consideration in the reimbursement rate for Treatment Foster Care.
- (3) Treatment Coordinators. Costs include all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the treatment family. A direct supervision wage rate and span of control was determined using a Psychological Counselor III in the State system.
- (4) Therapy costs include all salaries, wages and benefits associated with personnel whose primary activities include providing face-to-face therapy services. This category only includes costs for therapy provided by personnel on the provider agency payroll. An average caseload for therapists was derived and the wage based upon a Clinical Social Worker.
- (5) Clinical supervision and support costs include all salaries, wages and benefits associated with personnel whose primary activities serve to support the treatment foster care program from a clinical/programmatic perspective as opposed to an administrative perspective. Included are clinical directors, assistant clinical directors, training directors, nurses and persons who perform other types of clinical program support and coordination activities. The wage level used was that of a Psychologist III.
- (6) Consultation related costs include doctors, specialists and nurses who provide services to individuals in treatment foster care on a part-time "contract" or "consultative" basis. Consultation costs are a percentage of total costs which vary according to the setting and level of care provided to the client. Consultation service costs that are not billed directly to the provider, but rather to the State, are not included.



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- (7) Non-personnel operating costs include expenses incurred for program related supplies, training, transportation, and costs related to office space. These were derived using a percentage of total cost.
- (8) Administrative support costs include salaries, wages and benefits for agency personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review personnel costs.
- (9) Alternate Care costs are for those days in which the child is placed with a temporary family. This family is required to have the training and experience of the regular Treatment Family and is reimbursed at the same rate.

Behavior Management Services. Providers of this service as well as staff in State agencies were interviewed in order to determine appropriateness of fee for service rates.

- (1) Direct Service. These costs include the salary, wage and benefits associated with the Behavior Management Services Specialist who provides fact-to-face services to the individual. It was determined that there would be, on average, thirty billable hours per week. The BMS Specialist salary is comparable to that of a Psychological Technician II in the State system.
- (2) Direct supervision costs include salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the Behavior Management Services specialist staff and recipients. A direct supervision wage rate and span of control was determined using a Psychological Counselor III in the State system.
- (3) Non-personnel operating costs include expenses incurred for program related supplies, training, transportation, and costs related to office space. These were derived using a percent of total cost.
- (4) General administration costs include salaries, wages and benefits for central office personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review costs are set at a percentage of total costs.

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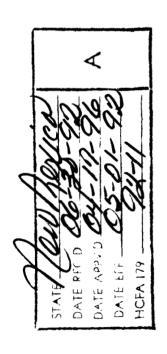
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SUPERSEDES: NONE - NEW PAGE

Payment for Day Treatment services was derived from a model based on the resources required to meet the standards of the Department. The model was developed by the state in conjunction with a national consulting firm and applied by the Department of Health to address "Psychosocial Rehabilitation-Integrated Program Model", services similar in terms of activities, providers, and location to Day Treatment. Rate setting decisions were made based upon the results of a methodology study completed by the Department of Health. Periodic rate studies will be performed to determine appropriateness of reimbursement. The rate studies will be used to adjust provider rates, as found necessary, beginning in federal fiscal year 1997.

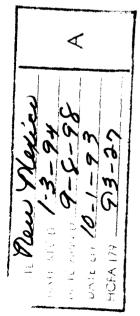
Day Treatment. Provider cost information was analyzed and total cost of service was separated into the following categories.

- (1) Direct Service. These costs include all salaries, wages and benefits associated with personnel who provide daily face-to-face service to the recipient. Direct service staffing ratios were determined. The wage rete was based upon a Vocational Rehabilitation Counselor 2 in the State Personnel system.
- (2) Direct Supervision. Costs include all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the direct service staff. A span of control was set and a wage rate determined using a Social Worker Supervisor 2 in the State system.
- (3) Clinical supervision and support costs include all salaries, wages and benefits associated with personnel whose primary activities serve to support the day treatment program from a programmatic and clinical perspective as opposed to an administrative perspective. Included are clinical directors, assistant clinical directors, training directors, nurses and persons who perform other types of clinical program support and coordination activities. The wage level used was that of a Psychologist III.
- (4) Consultation related costs include doctors, specialists and nurses who provide services to a day treatment program on a part-time "contract" or "consultative" basis. Consultation costs are a



percentage of total costs. Consultation service costs that are not billed directly to the provider, but rather to the State are not included.

- (5) Non-personnel operating costs include expenses incurred for program related supplies, transportation, and training. These were derived using a percentage of total cost.
- (6) General administration costs include salaries, wages and benefits for central office personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review personnel costs. These are set at 10% of total costs.
- (j) Special Rehabilitation Services



SUPERSEDES: TN. 92-11

State	New	Mexico
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REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

For service covered by the OMB rate provided to Native Americans by a qualified facility operated by the Indian Health Service, the applicable rate will be paid as published and specified in the the Federal Register.

TN No. 0006

Effective Date

Supersedes TN SUPERSEDES: NONE - NEW PAGE al Date 06-22-00

Revision: HCFA-Region VI January 1989 ATTACHMENT 4.19-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

METHODS AND STANDARDS FOR ESTABLISHING P	PAYMENT RATES	- OTHER TYPES	OF CARE
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ltem <u>IX</u>	. Payment of Title XVI	II Part A and Part B Deduct	ible/Coinsurance
Except for a no the following n		nent, if applicable, the Med	icaid agency uses
	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare-QMB Individual
Part A Deductible	limited to State plan rates*	limited to State plan rates*	limited to State plan rates*
	X full amount	X full amount	X full amount
Part A Coinsurance	limited to State plan rates*	limited to State plan rates*	limited to State plan rates*
	x full amount	x full amount	x full amount
Part B Deductible	limited to State plan rates*	limited to State plan rates*	limited to State plan rates*
	X full amount	X full amount	X full amount
Part B Coinsurance	limited to State plan rates*	limited to State plan rates*	limited to State plan rates*
	x full amount	X full amount	X full amount
		ATE REC D MAR 2 TO AUG 2 JAN 1	7 1989 1989 1988 1988